

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS					
	IND.	DEP.	IND.	DEP.	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
							*			*		
1	1		1				51					
2		1		1			52					
3		1		1			53					
4		3		1			54					
5		1		1			55					
6		1		1			56					
7		1		1			57					
8		1		1			58					
9	1		1				59					
10	1		1				60					
11	1		1				61					
12	1		1				62					
13	1		1				63					
14	1		1				64					
15	1		1				65					
16	1		1				66					
17							67					
18							68					
19							69					
20							70					
21							71					
22							72					
23							73					
24							74					
25							75					
26							76					
27							77					
28	1						78					
29							79					
30							80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	2		2				TOTAL IND.					
TOTAL DEP.	10		14				TOTAL DEP.					
TOTAL CLAIMS	18		16				TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS